



## Year 3 PERFORMANCE REPORT

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<b>Submitted by:</b>	Partnership for integrated Social Marketing – PRISM
<b>Program title:</b>	PRISM
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**Task 1: Increase the supply and diversity of health products and services to distribute and deliver through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.**

### ***Task 1.1 Increase the supply and diversity of child health products and services***

#### **❖ Expanded access to and targeted distribution of *Clorin*:**

In Year 3 of the PRISM project, PRISM distributed 3,071,784 bottles of *Clorin*, enough to treat 2.05 billion liters of water and benefit 255,982 households with an average of 6 members for a year. *Clorin* is distributed/sold in all 72 districts in all 10 provinces in Zambia.

348,936 bottles were distributed to people living with HIV/AIDS as part of comprehensive care package through STEPS-OVC.

PRISM partner, CARE International worked to expand rural access to *Clorin* by training & retraining community-based volunteers (CBVs) in the promotion of correct and consistent use of *Clorin*, as well as social entrepreneurship techniques for the subsidized sale and distribution of *Clorin* to underserved rural communities in Luapula, Eastern, Northern, and Southern Provinces. A total of 179,442 people were reached with diarrheal disease prevention messaging through targeted inter-personal communication activities through door to door campaigns. The CARE volunteers targeted influential leaders to garner support towards *Clorin* utilization. All the four PHOs acknowledged that the contributions of the CBV services at community levels in terms of reducing diarrheal diseases through their health education and marketing/selling of *Clorin* in their communities was significant (CARE/PRISM year 3 annual report).

PRISM partner, Population Council began work on a Willingness to Pay survey for *Clorin* and Maximum condoms. The primary objective of the WTP study is to determine whether consumers are willing to pay a higher price for *Clorin*, a subsidized water-purifying product, and *Maximum Classic* condoms. More details are provided under the research section of this report.

## **Task 1.2 Increase the supply and diversity of integrated reproductive health products and services**

### ❖ **SafePlan3 Oral Contraceptives:**

1,936,560 cycles of *Safeplan3* oral contraceptives were distributed during Year 3 through 272 outlets.

During Year 3, SFH repackaged and re-launched *Safeplan3* through a community event in Kalingalinga community in Lusaka with participation from the USAID Mission Director, PSI global Ambassador Debra Messing and community stakeholders.



Rural access to *Safeplan3* was improved by training Community Volunteers (CBVs) to distribute and promote *Safeplan3* to rural communities in Northern, Luapula, Eastern and Southern Provinces, with support from CARE International.

PRISM CBVs reached 80,190 rural (27,818 men and 52,372 women) with IPC health messages on family planning through door-to-door mobilization for prevention of unplanned/unwanted pregnancies. PRISM CBVs marketed and sold cycles of *SafePlan3* to eligible clients and referred others to health facilities for other methods of family planning currently not provided by the CBVs, in order to increase access to family planning services.

### ❖ **Long-Acting Reversible Contraception (LARC):**

PRISM partners with high volume public health facilities to provide LARC including post-partum IUD services in 8 provinces, 41 districts and 267 facilities of Zambia including the 4 Saving Mothers Giving Life districts of Kalomo, Mansa, Nyimba and Lundazi. During Year 3, PRISM served 45,075 women with LARC services including 25% rural women in 8 provinces. Of the total, 28,522 women received implants and 16,553 women received IUCDs. The LARC program expanded to 2 additional provinces during the PRISM year 3 – Western and Northwestern.

During the final quarter of year 3, a meeting was held with all regional/platform managers and team leaders to re-strategize the LARC program with the goal of improving performance and achieving deliverables. The meeting's success was demonstrated by the improved uptake in LARC services during the final months of the year.

In addition to re-strategizing LARC program, increased efforts to create demand through marketing programs on both radio and TV were implemented. Generic FP messages were discussed and listeners and viewers encouraged to access FP services at MOH and SFH health facilities in English and seven local languages.

### ❖ **Post-Partum Inter-Uterine Device (PPIUD):**

During Year 3, PRISM scaled-up PPIUD activities to 3 provinces. During the year, 940 clients were served with a PPIUD.

❖ **Integrating RH product/service delivery:**

PRISM continued to make progress towards improved integration of reproductive health programming during Year 3. Cervical cancer screening was launched in four high volume health centers on the Copperbelt. In Year 3, 61,743 HTC clients received RH counseling at PRISM *New Start* voluntary HIV counseling and testing centers.

**Task 1.3 Increase the supply and diversity of products and services to prevent and manage HIV infection and STIs**

❖ **Condom Social Marketing:**

PRISM works through private, public and non-governmental channels to improve access to a range of HIV prevention products and services including male and female condoms. PRISM has worked with private organizations to strengthen awareness, and increase uptake of services and products; for example a partnership between PRISM and multiple companies including Barclays Bank, Bank of Zambia, ZESCO, ZRA, KCM mines, and all 3 mobile companies. These companies purchase *Maximum* condoms and distribute the condoms for free within their organization. PRISM continued to market male and female condoms in hair salons, barbershops, grocery shops, bars, brothels and nightclubs nationwide. PRISM sold and distributed a total of 28.7m male condoms and 296,897 female condoms.

PRISM partner CARE International expanded community-based distribution of male and female condoms among hard to reach rural communities in Northern, Luapula, Eastern, and Southern Provinces.

PRISM continued its condom social marketing work with most-at-risk populations (MARPS) in Lusaka, Kafue, Chongwe and Mumbwa Districts with local partner ZHECT. Specific MARPS targeted for condom distribution and BCC activities include female sex workers and their clients.

❖ **HIV Counseling and Testing (HTC):**

In Year 3 of the PRISM project 178,566 clients received HTC through the PRISM *NewStart* network, 75% (133,963) of these for the first time; 78% (138,019) of all clients were seen through mobile activities; 11% of clients tested positive; 21% of clients came as couples (increasing from 13.4% in year 1 and 20% year 2). Of those testing positive for HIV, 4,563 clients received post-test support through the Horizon network.



HTC and Horizon post test activities continued among inmates and prison staff during year 3. This scale up increases the number of men reached by HTC services.

In May 2012, PRISM opened a *NewStart* HTC static site in Mongu with local partner DAPP. The site was launched through a community event with participation from the PMO for Western Province, Dr. Kaonga from the MOH, USAID Mission Director, PSI global

Ambassador Debra Messing and community stakeholders.

Eight automated and point-of-care PIMA CD4 count machines were donated by Alere during their visit with PSI Ambassador Debra Messing. A total of 20 PRISM nurse counselors were trained and 18 certified in the use of the machines. The CD4 machines will be placed in six *NewStart* static sites and assigned to two mobile teams to address bottlenecks within the existing health systems and improve continuity of care for HTC clients who test positive for HIV.

Horizon Post test – PRISM revised the HORIZONS post-test curriculum to include prevention activities for discordant couples and began conducting monthly sessions exclusively for discordant couples at all *NewStart* sites, country-wide. The review and revision of curriculum for the trainers guide and reference manuals included additional information on ART therapy.

#### ❖ **Voluntary Medical Male Circumcision (VMMC):**

During Year 3, PRISM performed a total of 20,520 VMMCs.

Almost 80% of all eligible clients (those above age 16) voluntarily tested for HIV as part of the VMMC process.

During PRISM year 3, the U.S. Ambassador engaged the traditional rulers through a meeting at the House of Chiefs to help mobilization for VMMC in their respective kingdoms. The response from this meeting has been positive. PRISM has collaborated with a number of chiefs for community mobilization. Among them include: Chief Chikanta of Tonga speaking people of Southern province; Chief Mumena of Kaonde people of North-Western province; Snr Chief Madzimawe of the Ngoni people of Eastern province; Chieftainess Malembeka and Chief Lumpuma of the Lamba speaking people on the Copperbelt province; Snr Chief Puta of the Bemba people in Luapula province; and Chief Chikanta of the Tonga people in Southern province.



PRISM has engaged regarding specific traditional events with the following chiefs: on the Copperbelt province, Chief Lumpuma in Lufwanyama district and Chief Malembeka in Mpongwe district were engaged. Here, 72 and 132 clients were circumcised from the two chiefdoms respectively around their annual traditional ceremonies period.

PRISM participated during the annual N'cwala ceremony through offering of VMMC and HTC services in response to the Paramount Chief Mpezeni request for SFH's participation in the re-introduction of male circumcision services in his kingdom not only as traditional rite but for HIV prevention too. 63 clients were counseled and tested; while only 2 were circumcised. The VMMC services were offered in medical tents which met all the requirements and quality standards, which demonstrated that VMMC services can be done outside clinical settings.

A meeting with the Snr. Chief Puta of the Bwile people from Chiengwe district of Luapula province was held and the chief invited PRISM to offer VMMC services in his chiefdom focusing specifically on the annual traditional ceremony slated for August 2012. PRISM has requested

that VMMC partner, MSI assist with service delivery at this ceremony as they are currently operating in the district.

In addition to tradition leaders, the PRISM program circumcised one of the Parliamentarians, Hon. Highvie Hamududu of the Bweengwa constituency in Monze district. The honorable Member of Parliament immediately came out in the open to the public to let them know of his experience. It is hoped that more fellow MPs will do likewise especially after the sensitization meeting with all of them at the national assembly.

PRISM partners trained a total of 67 NGO and MOH clinical staff in VMMC service provision. Sixteen were trained as VMMC trainers. PRISM partner Jhpiego conducted VMMC skills training which involved the SFH VMMC sites in Chipata, Livingstone and Kitwe. Fifteen participants in Chipata were drawn from 8 MoH and SFH sites in the province. Eighteen participants in Livingstone were drawn from 4 MoH and SFH sites in the province. Eighteen participants in Kitwe were drawn from 10 MoH and SFH sites in the Copperbelt province including one participant from Lusaka province.

VMMC services opened in Western province with the *NewStart* site opening. Mongu VMMC operations have been offered entirely through mobile tents without having a fixed site.

***Task 1.4 Increase the supply and diversity of products and services to prevent and control malaria for distribution and delivery through the private sector, in conjunction with the public sector.***

❖ **LLIN Distribution:**

PRISM works closely with the MoH, National Malaria Control Centre (NMCC) and other partners to support the goal of sustained universal coverage for long lasting insecticide-treated nets (LLINs). PRISM supports routine LLIN distribution to pregnant women and children under five, with particular focus on endemic districts in all 72 DHOs, pending sufficient commodity supplies. During year 3, a total of 737,375 Mama Safenite LLINs were distributed to DHMTs for routine distribution during antenatal care, in support of the MOH's Malaria in Pregnancy program. SFH also distributed 418,471 NMCC LLINs to DHOs at the request of and on behalf of the MOH.

860 Community Based Volunteers were trained in collaboration with PRISM partner CARE International to promote correct and consistent LLIN use.

PRISM developed the data entry database for the PMI ITN survey data. Data entry began in June and is ongoing. The dataset when complete will be handed over to Dr. Allen Craig for analysis and report writing.

**Task 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and malaria and to build an informed, sustainable consumer base**

❖ **Prevention of Childhood Illnesses & Malaria:**

PRISM implemented *Clorin* school-based programs in nine Provinces. PRISM Communication Assistants (CAs) worked with schools to facilitate discussions with students and teachers using a peer to peer model. Children were taught the importance of treating water with *Clorin*, hand washing and practicing other hygiene behaviors to prevent diarrheal diseases. 'Hygiene Clubs' have been formed at all the schools to continue the work.



❖ **Creating Informed Demand for VMMC:**

PRISM utilized a variety of interpersonal, mid-media (MVU), mass media, print and community-level communications to create informed demand for VMMC. Three TV advertisements were developed with VMMC Champions, Chief Mumena, Chief Madzimawe and a satisfied client. TV Programs addressing benefits of VMMC as well as myths and misconceptions. PRISM advertised VMMC through TV scrolling Text messages during international football matches. The program hosted a media breakfast and lunch to meet the media and discuss their role in disseminating VMMC information. This was featured as a news item on TV and clips were used as inserts in the Ministry Of Health Program on National TV.



Radio Spots were developed with Chief Mumena, Madzimawa and a satisfied client and PRISM aired phone-in programs on various national and community radio stations.

Working with CSH, PRISM has started discussions on how to put efforts/resources together to synergize the demand creation activities. It is expected that PRISM and CSH will partner together to carry out a number of demand creation activities.

❖ **Increasing Condom awareness and demand:**

PRISM prepared materials for the Care female condom FoQuS on segmentation study in preparation to the upcoming survey that is intended to gain insight on knowledge levels, attitudes, beliefs and practices. The Care insight study tools were completed and submitted to the Research ethics board for review.

❖ **Interpersonal Communications (IPC):**

195,314 were reached with HIV messages through interpersonal one on one and small group sessions, of which 1,854 were most-at risk populations (MARPs). A total of 116,084 people were reached through community outreach with HIV/AIDS AB messaging.



As a way of bringing health messages closer to communities, PRISM communication assistants use the mobile video units (MVU) to reach communities that have limited access to national media such as TV, radio, and newspapers. The MVU shows enable the team to localize the key messages on our products and services and provide a platform for traditional leaders to speak to the target groups. This helps break down barriers, myths and misconceptions, and provides role models with an opportunity to share experiences and build skills in the potential clients.

With the rapid expansion of PRISM's Voluntary Medical Male Circumcision program, demand creation has over-burdened the communication team, leading to lower than planned demand for PRISM's growing portfolio of products and services. To boost demand creation, the communications team and VMMC Program Manager have created a pool of Health Promoters (HPs) to help mobilize communities. Each of the 7 fixed VMMC sites has recruited 10 HPs who are well oriented and are supervised by a local Communication Assistant. Of the total number of VMMCs performed at the static sites in year 3, HPs have directly contributed 30%. HPs have not yet been trained in or instructed to promote other, non-VMMC programmatic areas, although PRISM desires to fully integrate its IPC operations and plans for additional training of HPs in year 4.

During year 3, CARE reached 112,638 individuals, household members, and general community members comprising of high-risk and sexually active people with messages on HIV prevention through door to door visits by trained CBVs. The volunteers also targeted religious leaders and



influential community members – gate-keepers. Seventy seven thousand seven hundred and twenty (77,720) people were reached with messages targeted at reducing multiple concurrent sexual partnerships, encouraging correct and consistent use of both male and female condoms within the rural community. A total of 37,179 individuals were thereafter referred for counseling and testing to know their HIV status.

PRISM international partner, Overseas Strategic Consulting uses three Communication Coordinators to supervise PRISM Communication Assistants in Copperbelt, Eastern and Southern Provinces. The communication teams work to create demand for services using existing structures including NHCs, CBDs, SMAGs, and CHWs in surrounding communities. The three CCs are working to map their regions and communities for partner organizations and locations of key target groups.

**Task 3: Develop the ability of a commercial/private sector entity to produce and market at least one currently social marketed health product or service in a sustainable manner.**

❖ **Commercializing Activities:**

Originally planned for Year 3, but postponed to Year 4, PRISM partner Booz Allen Hamilton will conduct a market feasibility study to look at options for fully commercializing one or more locally produced socially-marketed product or service, including *Clorin* water purification solution.

**Optional Task 5: Misoprostol for PPH: Increase the awareness of, demand for, and use of misoprostol**

❖ This option was not exercised in year 3

PSI has implemented a pilot Misoprostol program using non-USAID funding. During the PRISM year 3, SFH halted distribution and quarantined all Sigma Pharma's Misotac brand due to quality

issues. A total of 114,616 tablets of Misoprostol were collected and taken to the main warehouse for quarantine and destruction thereafter through the Zambia Environmental Management Authority. A cumulative total of 452 880 Misosafe tablets had been distributed to facilities in 10 priority districts agreed upon with MOH since the launch of the program in March, 2009.

120,000 new tablets of Misoprostol were received at the main warehouse at the end of September in anticipation of the option being exercised for year 4.

#### **Optional Task 6: Increase the awareness of, demand for, and use of zinc complementing ORT**

- ❖ SFH-PRISM submitted a Concept Note for the introduction of Zinc-ORS packets, but this option was not exercised for Year 3.

#### **Other Cross-cutting Topics**

- ❖ **Participation and partnership in national, provincial, district, facility and community levels**  
PRISM consults with MOH Directors, District and Provincial Medical Officers and other senior officials on a continuous basis. These interactions occur both informally as well as more formally through regular participation in official MOH forums and events, including Technical Working Group meetings. At Provincial and District levels, PRISM teams are part of planning meetings, Provincial/District AIDS Task Force activities, and special national and local events.

##### **VMMC –**

SFH has continued to give technical support to the development of the national male circumcision country operational plan being led by the Ministry of Health. PRISM participated in the planning meetings for the August campaign and was a key player in the August Campaign Steering Committee formed by MoH. The committee was meant to plan and coordinate the logistical aspect of the August campaign.

PRISM partnered in the VMMC M&E Workshop held in Kabwe organized by the Ministry of Health in collaboration with CHAI. The workshop concentrated on drafting the National VMMC M&E Framework and as well as harmonizing VMMC data collection tools and reporting mechanisms used by various implementing partners. The harmonized primary VMMC program indicators shall be included in the MoH Health Management Information System as it is revised this year.

PRISM joined the Zambia delegation and attended the Regional VMMC Conference that was hosted in Johannesburg, South Africa and jointly coordinated by UNAIDS/WHO/PEPFAR. The meeting brought together many implementing partners across the region to share best practices and experiences. Various key donors and stakeholders were available and some potential funding pledges were made towards meeting the huge financial gaps.

##### **HIV Prevention –**

PRISM attended a national HIV Prevention Conference called upon by MOH and NAC in which various issues were discussed. Among key resolutions made at this conference were the identification and prioritization of key interventions to address the key drivers of HIV. These were as follows; increased VMMC uptake; increased condom distribution; increased communications campaigns to address multiple concurrent partnerships, promotion of PMTCT services, and increase access to ART services. PRISM was given an opportunity to make presentations in its areas of operation namely VMMC and Condom Social Marketing.



SFH led a high level delegation from Ministry of Health, Public Health Directorate and the Health Professions Council of Zambia (HPCZ) to learn VMMC best practices in relation to MOVE, learn about the Prepex study currently under way and also see how the MOH Zimbabwe is coordinating the VMMC program with partners. The team came back well motivated to see how policy level leadership can influence greater outputs among partners.

#### ❖ **M&E and Research**

PRISM partner, Population Council began work on a Willingness to Pay survey for *Clorin* and *Maximum* condoms. The primary objective of the WTP study is to determine whether consumers are willing to pay a higher price for *Clorin*, a subsidized water-purifying product, and *Maximum Classic* condoms. Training was conducted with five data collectors in Solwezi on handheld data collection of the WTP survey for *Clorin*. *Clorin* outlets in Solwezi were mapped and data were collected on the price of *Clorin* and the type of outlets. 346 *Clorin* users completed the WTP survey. In addition, two FGDs were completed: one with vendors and one with distributors of *Clorin* and *Maximum Classic* condoms. These FGDs took place in both Solwezi and Lusaka. The purpose of the FGDs was to collect information on price impact at the vendor level and about potential consumer reactions to a price increase for *Maximum Classic* condoms, which was not included in the WTP survey.

Population Council's MARPS study has faced further delays. The objectives of this study are to better understand the context of MSM and other most at-risk populations (MARPs), including injecting drug users (IDUs) and female sex workers (FSWs) in Zambia; document factors that place them at risk of HIV; describe how MARPs may be identified, reached, and served by various health programs; and feed these results into HIV prevention programming. Data will be collected using qualitative research techniques, including in-depth interviews (IDIs) and FGDs. Implementation of this project continued to be delayed in Y3, primarily due to inability to obtain ethical clearance from the University of Zambia, Humanities and Social Sciences Research Ethics Committee (HSSREC) in 2011. As the Population Council is currently developing a CDC-funded protocol for surveillance of MARPs, it was ultimately agreed that the PRISM activities would be incorporated into the CDC protocol. In early October 2012, the Council was notified that the STC has cleared the protocol to be passed on for ethical review at the TDRC Ethics Committee.

PRISM began data collection for Misoprostol brand name and packaging pretest. This target group is women of reproductive age and those that have at least one child, resident in rural areas. The pretest is looking at comprehension of the brand name; likability and dislikes; acceptability of the overall package.

PRISM M&E team implemented a sub-recipient program and data quality assessment for ZHECT in Lusaka and Central Provinces and CARE International in Southern, Eastern and Northern Provinces. In addition, the M&E team conducted a data quality assessment for VMMC and HTC in Eastern Province and in Southern Province and for RH and HTC communications.

#### ❖ **Gender**

PRISM partner, IntraHealth has provided assistance in the development of a Gender Equality Action Plan, including a plan for finalization and dissemination, indicators and identified individuals and their responsibilities for follow up and technical support needed for implementation of the plan.

This work has centered on developing and conducting a comprehensive gender assessment of SFH and its service platforms and assisting SFH to use the assessment findings to mainstream gender to the benefit of the organization and its services. The assessment looks at gender mainstreaming with respect to 1) human resources policies and procedures, 2) political will and accountability; 3) leadership and management; 4) technical capacity; 5) organizational culture;

and 6) programs. The findings of the assessment will form the basis for an SFH Gender Equality Action Plan.

## ❖ **Quality Assurance**

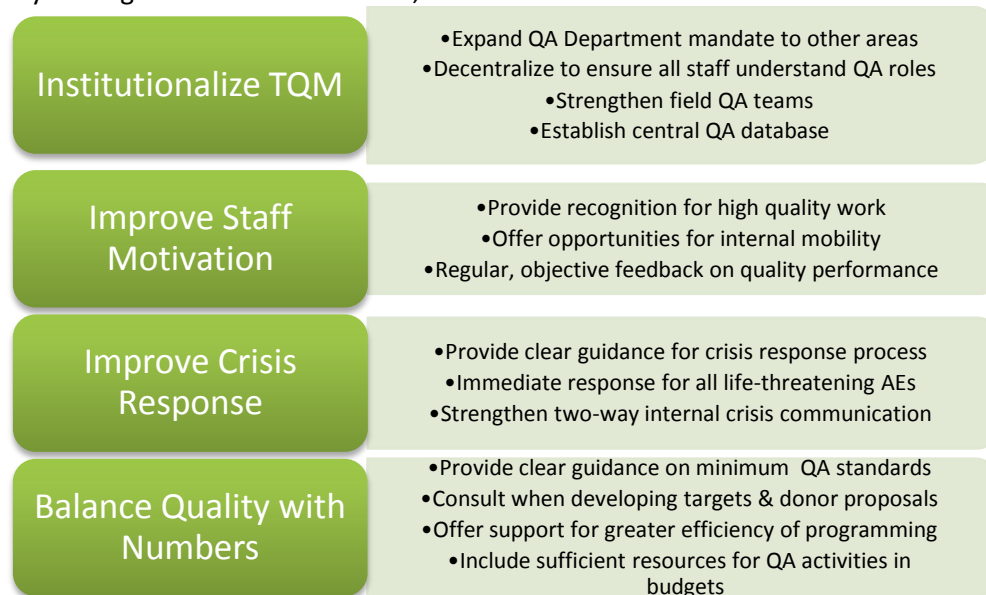
PRISM Quality Assurance team has developed and disseminated guidelines to regions to provide basis for quality assurance program implementation in regions to ensure provision of high quality health care in PRISM programs based on 6 Quality Assurance (QA) standards i.e. i) Technical Competence ii) Client Safety, iii) Informed Choice/decision, iv) Privacy and Confidentiality, v) Continuity of Care and vi) Quality Data.

Primary work has focused on the following tasks:

- VMMC Clinical Trainings - efforts are aimed at building capacity in MoH partner facilities to reduce dependence on SFH outreach teams and increase institutional ownership of VMMC services.
- VMMC Counseling Trainings - counselors were trained in MoH partner facilities to reduce dependence on PRISM outreach teams and increase institutional ownership of VMMC services.
- Supportive supervisory visits - main objectives are:
  - a) Assess providers' performance level of competence and adherence to service delivery protocols
  - b) Assess facility level quality performance and make recommendations for actions to be taken to improve overall facility performance
- Male Circumcision quality assurance activities
- Counseling and testing quality assurance activities
- Adverse Event management – tracking and managing all AE events including ensuring that the teams on ground are all well oriented on 'crisis communication tree' in an event of an adverse event and well prepared to effectively manage complications and adverse events

The QA team also successfully conducted a 3 and half day Quality Assurance DELTA workshop that was attended by 22 participants representing various PRISM departments and regions. The main objective of the workshop was to identify key strategic QA areas and develop a one year QA Implementation plan based on the identified top 4 strategies.

4 key strategic areas were identified, outlined here below:



The SFH-PRISM Platform Quality Assessment tool was also rolled out during this year and follow up discussions to ensure teams fully understood on how to effectively utilize the tool.

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